


OLYMPIC REGION CLEAN AIR AGENCY

2940 Limited Lane NW - Olympia, Washington 98502 - 360-539-7610 – Fax 360-491-6308

FORM 1- NOTICE OF CONSTRUCTION TO CONSTRUCT - INSTALL - ESTABLISH OR MODIFY AN AIR CONTAMINANT SOURCE

Form 1 Instructions:

1. Please complete all the fields below. **This NOC application is considered incomplete until signed.**
2. If the application contains any confidential business information, please complete a Request of Confidentiality of Records (www.orcaa.org/forms).
3. Duty to Correction Application: An applicant has the duty to supplement or correct an application. Any applicant who fails to submit any relevant facts or who has submitted incorrect information in a permit application must, upon becoming aware of such failure or incorrect submittal, promptly submit supplementary factors or corrected information.

Business Name: Matthaeus Camco Inc.		For ORCAA use only	
Mailing Address: 6400 E. Agate rd. Shelton, WA 98584		File No: 204	County No: 45
Physical Address of Project or New Source: 6400 E. Agate rd. Shelton, WA 98584		Source No: 102	Application No: 22NOC1563
Billing Address: 6400 E. Agate rd. Shelton, WA 98584		Date Received: Received MAY 23 2022 ORCAA	
Project or Equipment to be installed/established: Installing new moulder/Planer, and a Bag House for dust collection.			
Anticipated startup date: 7 / 1 / 22 Is facility currently registered with ORCAA? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
<p>This project must meet the requirements of the State Environmental Policy Act (SEPA) before ORCAA can issue final approval. Indicate the SEPA compliance option:</p> <p><input type="checkbox"/> SEPA was satisfied by _____ (government agency) on ____/____/____ (date) - Include a copy of the SEPA determination</p> <p><input type="checkbox"/> SEPA threshold determination by _____ (government agency) is pending - Include a copy of the environmental checklist</p> <p><input checked="" type="checkbox"/> ORCAA is the only government agency requiring a permit - Include ORCAA Environmental Checklist</p> <p><input type="checkbox"/> This project is exempt from SEPA per _____ (WAC citation).</p>			
Name of Owner of Business: STEPHEN VIZINA		Agency Use Only	
Title: President			
Email: steve@camco cedar.com	Phone: 360.426.7900		
Authorized Representative for Application (if different than owner): Justin Wilson			
Title: General Manager			
Email: Justin@camco cedar.com	Phone: 360.426.7900		
I hereby certify that the information contained in this application is, to the best of my knowledge, complete and correct.			
Signature of Owner or Authorized Representative: (sign in Blue Ink)			
		Date: 5/17/22	
<p>IMPORTANT: Do not send via email or other electronic means. ORCAA must receive Original, hardcopy, signed application and payment prior to processing application.</p>			

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FORM 1D- Contact Information

Business Name Matthaeis Camco Inc.	FOR ORCAA USE
Physical Site Address (Street address, city, state, zip) 6400 E. Agate Rd. Shelton, WA 98584	FILE # 204
	CTY # 45
	SRC # 102
Previous Business Name (if applicable)	Date Received Received MAY 23 2022 ORCAA

Contact Information

Inspection Contact	
Name CHAD MENTZER	Title Production Manager
Phone 360.426.7900	Email CHAD@camco cedar.com.
Billing Contact	
Name Jackie Quistorff	Title Controller
Phone 360.426.7900	Email Jackie@camco cedar.com
Emission Inventory Contact	
Name Jackie Quistorff	Title Controller
Phone 360.426.7900	Email Jackie@camco cedar.com.
Complaint Contact	
Name Justin Wilson	Title GENERAL MANAGER
Phone 253.272.6062	Email Justin@camco cedar.com.
Permit Contact	
Name Justin Wilson	Title GENERAL MANAGER
Phone 253.272.6062	Email Justin@camco cedar.com.

The **inspection contact** is the on-site person responsible for the everyday operation of the site and is available for inspections.

The **billing contact** is the person invoices are sent.

The **emission inventory contact** is the person requests for emissions information and material use information are sent.

The **complaint contact** is the person who receives and responds to complaints received on-site and who is contacted regarding complaints ORCAA receives.

The **permit contact** is the person responsible for filling out permit applications and receiving approval from ORCAA.



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www.orcaa.org

FORM 12

Fill out all the applicable equipment information requested below and submit the appropriate fees.

BAGHOUSE

General Information

Facility Name: <u>Matthaeus Camco Inc.</u>	Contact Person: <u>Justin Wilson</u>		
	Phone Number: <u>253-272-6062</u>		
	Email: <u>justin@camcocear.com</u>		
Facility Operating Schedule: <u>8</u> hrs/day, <u>5</u> days/wk, <u>48</u> wks/yr	Baghouse Operating Schedule: <u>8</u> hrs/day, <u>5</u> days/wk, <u>48</u> wks/yr		
Indicate days when operating: <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> Thu <input checked="" type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun	Indicate days when operating: <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> Thu <input checked="" type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun		
<input checked="" type="checkbox"/> New Unit Installation <input type="checkbox"/> Modification	Manufacturer: <u>Carothers</u>	Model # <u>Pulse-JET</u>	Serial # <u>/</u>

Technical Specifications

Air Flow: Design ACFM <u>9,820</u> Operating ACFM _____ Temperature <u>AMBIENT</u> °F	Particulate Control Efficiency: Pressure Drop (inches of water) <u>EST. 2.5"</u> Water Vapor Content (lbs/water/lbs dry air) _____ Fan Power (hp) <u>40</u>
Describe Filter Material: <u>16 OZ POLYESTER FELT, GLAZED OUTSIDE</u>	
Describe bag cleaning mechanism and cycle: <u>COMPRESSED AIR PULSE-JET</u> <u>CONTINUOUS cycle, row by row sequentially @ Approx</u> <u>60 Sec Interval</u>	
Describe operation of baghouse, including use of safety bypasses, monitoring and maintenance schedules, and any other pertinent information relating to particulate emissions (use additional pages if necessary): 	
Particulate Emissions Data	
Particulate Emissions:	Particulate Control Efficiency:
Inlet (gr/scf) _____	Filtering Velocity (acfm/ft ² cloth) _____
Outlet (gr/scf) _____	Particulate Control Efficiency (%) _____

Describe Particulate Emissions:

Micron Range	Inlet Loading (% of total)	Outlet Loading (% of total)
0 -5	_____ %	_____ %
5 – 10	_____ %	_____ %
Greater than 10	_____ %	_____ %

Other Information:

The following information is needed to complete the application:

1. Manufacturer brochure or technical fact sheet for filter material.
2. Scaled technical drawings of the baghouse including top, side and interior views.
3. Manufacturer brochure or technical fact sheet for baghouse.

Filing Fee: See <https://www.orcaa.org/services/fee-schedules/> for an up-to-date list of fees

Filtration Fabric

Blue Sky Filters, Inc. is a manufacturer and recycler of filter bags. We purchase material used in our manufacturing plant from various material manufacturers. We manufacture bags for customer's world wide using various types of materials and our bags are installed in all different types of baghouses. Blue Sky Filters, Inc. does not guarantee or warranty any materials as we are not the material manufacturer. We have provided companies with manufactured filter bags using 12 oz polyester felt. The specs on this felt supplied by the manufacturer are as follows:

Style	PEF-16
Fiber	100% polyester
Weight	16 oz per sq yd
Construction	Scrim supported
Count	n/a
Air permeability	25-35 CFM
Mullen burst strength	350 PSI
Tensile strength	
Warp direction	120 PPSI
Fill direction	140 PPSI
Thermal stability	3%
Maximum operating temperature	275 degrees F
Finish	Heat set; calendared/glazed

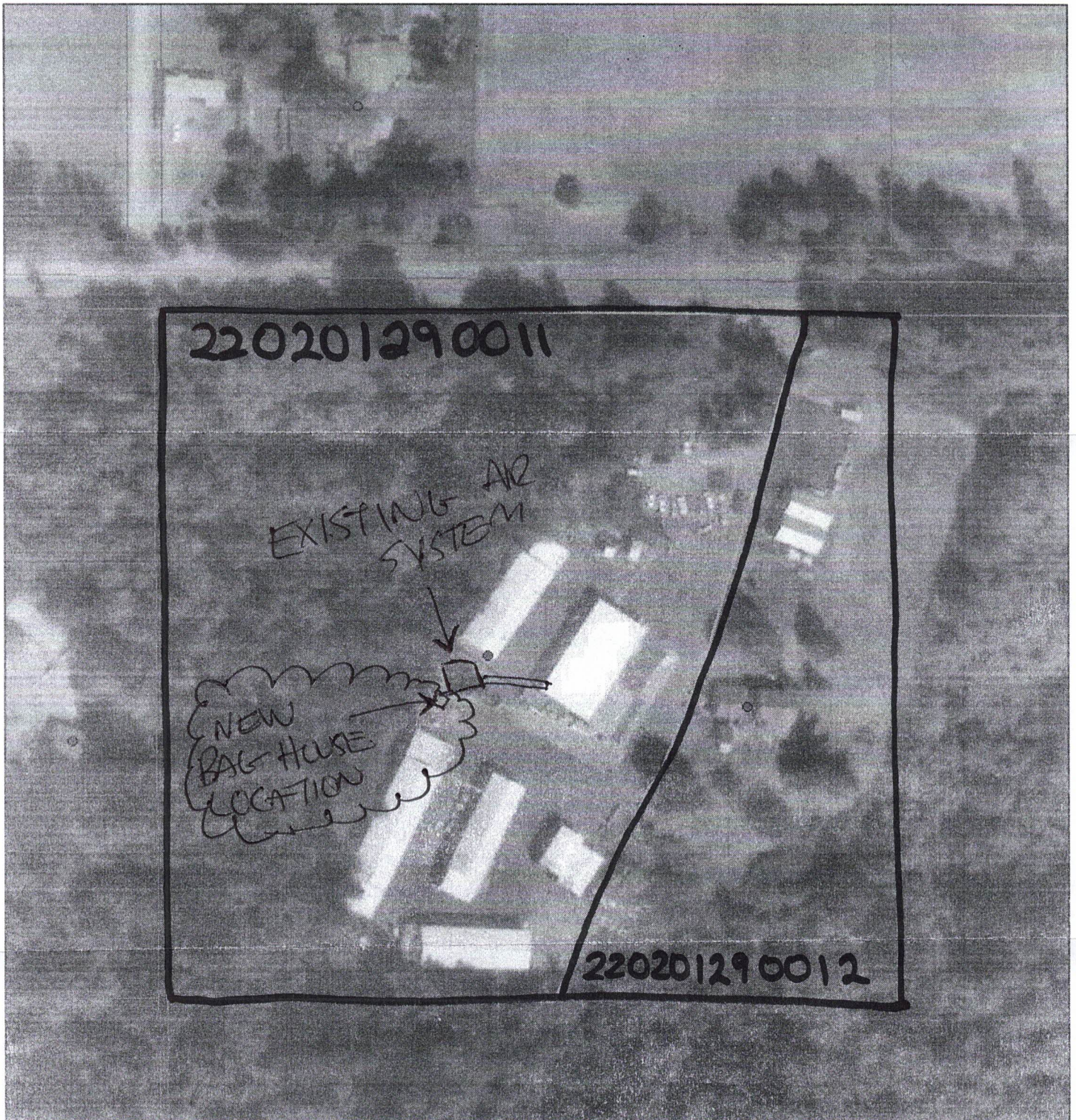
We have been advised that the 16 oz polyester felt used to manufacture bags if properly installed with a proper installation cake, under normal operating conditions, will emit no more parts per million than 0.005 GR/DSCF of air based on dry dust particles sizes of 1 micron and larger. Blue Sky Filters, Inc. as well as the material manufacturers, does not have control over the operating conditions in your baghouse. All operating conditions in your baghouse must meet the baghouse manufacturer's specifications. Blue Sky Filters, Inc., as well as the material manufacturers, does not control how bags are installed, if a proper installation of cake is maintained, any moisture problems, malfunctions of baghouse parts, or anything else that changes operating conditions. Because Blue Sky Filters, Inc. and the material manufacturers do not have control over or are involved in the operation of your baghouse, we cannot make any warranties or guarantees or accept any liability for the operation thereof.

Inspection Report

◆ SYSTEM:

Inspector: Please	date & initial the weekly column, on both pages-->	Inspector's Initials:
Machine / System Description	Action Required:	Interval:
General system	Visually inspect system (All components) for any leaks. Leaks must be repaired immediately.	Weekly
General system	Check magnetic gauge for pressure drop, record reading ()	Weekly
General system	Check bindicator for proper function.	Quarterly
General system	Vent both pressure lines for magnetic gauge and re-zero.	Semi-annually
General system	Visually inspect baghouse filters for looseness and wear.	Semi-annually
General system	Check all protective guards for proper clearances, damaged hinges or latches, and security.	Monthly
General system	Check access doors and covers for proper clearances, damaged hinges or latches, and security.	Monthly
General system	Check all control switches and indicator lights for proper function.	Monthly
Bags	Change when filter pressure drop increases by approx. twice the standard reading under normal operating conditions. Replace per scheduled or as needed. Leakage will be seen as a result of loose, torn, or worn through bags. Note which bag, date, and location in filter. (watch for poss. wear pattern)	(as needed)
Bags		Bi-annually
Pos. Disp. Blower	Inspect motor for lubricant leakage, vibration, unusual noises, loose wiring or conduit, and smooth operation.	Monthly
Pos. Disp. Blower	Grease motor bearings.	Annually
Pos. Disp. Blower	Check sump oil. Refill if nec (use approved P/D pump lube only)	Monthly
Pos. Disp. Blower	Change sump oil.	Quarterly
Pos. Disp. Blower	Inspect V belts & sheaves for wear, alignment, and tension.	Monthly
Pos. Disp. Blower	Clean air intake filter (or replace, if needed)	Monthly
Pos. Disp. Blower	Clean oil breathers.	Semi-annually
Sweep Arm	Check sweep arm gearbox oil level. Fill with #4 gear lube if needed.	Semi-annually
Sweep Arm	Change gearbox oil. Refill with #4 gear lube.	Bi-annually
Sweep Arm	Inspect chain and sprockets for wear, alignment and tension.	Monthly
Sweep Arm	Clean and lube drive chain with #2 oil.	Semi-annually
Sweep Arm	Check bushings & pivot bearings for wear and smooth operation	Semi-annually
Sweep Arm	Check purge timer and diaphragm for proper function.	Monthly

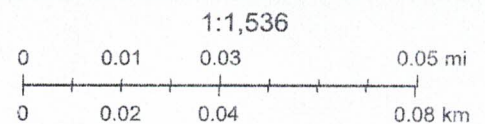
Mason County WA GIS Web Map



5/17/2022, 2:22:26 PM

↑ WE OWN BOTH PARCELS ↑

- ☐ County Boundary
- ☐ No Filled
- Site Address (Zoom in to 1:3,000)
- ☐ Tax Parcels (Zoom in to 1:30,000)



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